
 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/807,340	
	Filing Date	March 24, 2004	
	First Named Inventor	J. Michael Joseph	
	Group Art Unit	3725	
	Examiner Name	Crane, Daniel C.	
Total Number of Pages in this Submission	12	Attorney Docket Number	2004P01676US

### Enclosures (check all that apply)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits / Declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment & Recordation Cover Sheet<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition to the Commissioner<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> CD, Number of CDs<br><input type="checkbox"/> Additional enclosure(s) (please identify below) |
|--|--|---|

Remarks: Response to an Office Action dated 12/06/2006

### CORRESPONDENCE ADDRESS


☒ Customer Number or Bar Code Label

Customer Number - 000028524

or ☐ Correspondence address below

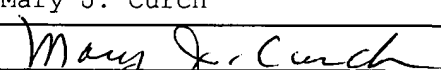
<b>NAME</b>	Siemens Corp., Intellectual Property Department			
<b>ADDRESS</b>	170 Wood Avenue South, fifth floor			
<b>CITY</b>	Iselin	<b>STATE</b>	New Jersey	<b>ZIP CODE</b> 08830
<b>COUNTRY</b>	United States of America	<b>FAX</b>	732-321-3014	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

<b>NAME</b>	Gary H. Monka	<b>Reg. #</b>	35290
<b>TELEPHONE</b>	908 707 1573		
<b>SIGNATURE</b>		<b>DATE</b>	03/26/2007

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 03/26/2007

<b>Type or Printed Name</b>	Mary J. Curch		
<b>Signature</b>		<b>Date</b>	03/26/2007

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL**

Patent Fees are subject to annual revision.

Complete if Known

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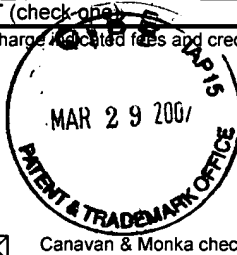
TOTAL AMOUNT OF PAYMENT	\$ 120
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**METHOD OF PAYMENT (check one)**

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number  
Deposit Account Name

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Canavan & Monka check in the amount of \$120 enclosed
**FEE CALCULATION****1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1001	300	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
1002	200	Design Filing Fee	
1004	300	Reissue Filing Fee	
1005	200	Provisional Filing Fee	

**SUBTOTAL (1)****2. CLAIMS**
☐ Filing Under 37CFR 1.53 (b)

☐ CPA Under 37CFR 1.53 (d)

☒ Amendment

Extra Claims

Fee from below

Fee Paid

Total 13 - 20 = 0 x 50 =

Ind. 2 - 3 = 0 x 200 =

Multiple Dependent Claims 300 =

Large Fee Code	Entity Fee(\$)	Fee Description
1202	50	Claims in excess of 20
1201	200	Independent Claims in excess of 3
1203	360	Multiple Dependent Claims
1204	200	** Reissue independent claims in excess of 3
1205	50	** Reissue claims in excess of 20

\*\* or number previously paid, if greater; for Reissues, see above

**SUBTOTAL (2)****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2520	For filing a request for reexamination	
1804*	920	Requesting publication of SIR prior to Examiner action	
1805*	1840	Requesting publication of SIR after Examiner action	
1251	120	Extension for response within first month	120
1252	450	Extension for response within second month	
1253	1020	Extension for response within third month	
1254	1590	Extension for response within fourth month	
1255	2160	Extension for response within fifth month	
1401	500	Notice of Appeal	
1402	500	Filing a brief in support of an appeal	
1403	1000	Request for oral hearing	
1504	300	Publication fee for early, voluntary, or normal publication	
1452	500	Petition to revive - unavoidable	
1453	1500	Petition to revive - unintentional	
1501	1400	Utility issue fee (or reissue)	
1502	800	Design issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee for provisional applications	
1806	180	Submission of Information Disclosure Statement	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	Request for Continued Examination (RCE)	
1802	900	Request for expedited exam of a design application	

Other fee (specify): Terminal Disclaimer

**SUBTOTAL(3)****\$120****SUBMITTED BY**

Typed or Printed Name	Gary H. Monka
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Complete (if applicable)

Reg. Number	35, 290
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Signature

Date

3/26/07

Deposit Account User ID